

Field Radiation Survey Sheet

SECTION	PART I - GENERAL PROCEDURE INFORMATION			
A "PRE-TEST INFORMATION"	NAME AND ADDRESS OF FACILITY OR AIRPORT AND SPECIFIC LOCATION OF X-RAY SYSTEM			
	NAME OF FACILITY SAN FRANCISCO INTL AIRPORT			
	Is this Facility Operated Exclusively by the Federal Government? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	ADDRESS (Street No., Rural Rt., or Airline and Airport)			
	CITY	STATE	ZIP CODE	
	ROOM NO. or OTHER LOCATION	CONTACT PERSON		
	PHONE NO.	FAX NO.		
	MANUFACTURER	MODEL NO.		
	DATE OF MFR.	SERIAL NO.		
	MFR. CERTIFICATION LABEL ATTACHED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
B "CABINET X-RAY CLASSIFICATION"	CLASSIFICATION OF CABINET X-RAY SYSTEM			
	<input checked="" type="checkbox"/> Baggage Inspection	<input type="checkbox"/> Special Purpose	<input type="checkbox"/> General Purpose	<input type="checkbox"/> Other
C "POSTINGS & INSTRUCTIONS"	POSTING & INSTRUCTION VERIFICATION (Not Applicable for Facilities Operated Exclusively by the Federal Government)			
	<input type="checkbox"/> State "Notice to Employees" Document Posted <input type="checkbox"/> Operators Instruction Manual on Location <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Certificate of X-ray Machine Registration on Location <input type="checkbox"/> Cabinet X-Ray Machine Maintenance Schedule Available			
D "WARNING LIGHTS & INDICATORS"	WARNING LIGHTS & INDICATOR VERIFICATION			
	Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized"			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Warning Labels Present at Ports Stating "Caution: Do Not Insert Any Part of the Body When System is Energized, X-Ray Hazard"			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Two Indicators Labeled "X-Ray ON" Present at Controls			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	At Least One Indicator, Marked "X-Ray ON", is Visible from Each Port, Door, and Access Panel			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
E "INTERLOCKS"	INTERLOCK VERIFICATION TEST			
	The Key for the Key Actuated Control Cannot be removed in Any Mode that Allows X-Ray Generation			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	All Doors and Access Panels that were Tested Prevent Generation of X-Rays			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	The Use of the ON Control is Necessary to Resume Operation of X-Rays Following Interruption of X-Ray Generation			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
F "PORTS AND APERTURES"	ACCESS TO PORTS AND APERTURES			
	Some Part of the Body Can Be Inserted Through A "Port" Into the Primary Beam			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	Some Part of the Body Can Be Inserted Through An "Aperture"			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
G "BAGGAGE INSPECTION UNITS"	BAGGAGE INSPECTION UNIT CHECKS ONLY			
	Means Provided to Ensure Operator Presence at the Control Area which Permits Surveillance of All Ports and Doors During X-Ray Generation			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Means Provided to the Operator for Terminating Exposures of Greater Than One-Half Second and Preventing Additional Exposures of Less Than One-Half Second			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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SECTION	PART II - SPECIFIC PROCEDURE INFORMATION					
H "LEAKAGE RADIATION"	LEAKAGE RADIATION - SPECIFIC TEST PROCEDURE # 01					
	Scattering Body Description				<input type="checkbox"/> Lucite <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Other Describe Other:	
	X-Ray Machine Settings		kV	160	Background	
			mA	1700		
	Radiation Survey Instrument Used		Make/Model Number		INOVISION	
			Serial Number		02486	
			Calibration Date Due		11/09	
	Survey Location Description	Survey Point	External Surface Exposure Rates (uR/hr)	Internal Exposure (mR)	Comments	
		1	3.0 uR/hr	mR		
		2	1.0 uR/hr	mR		
		3	12.1 uR/hr	mR		
		4	1.0 uR/hr	mR		
		5	52.1 uR/hr	mR		
		6	3.0 uR/hr	mR		
		7	4.1 uR/hr	mR		
	8	6.1 uR/hr	mR			
	9	2.1 uR/hr	mR			
	10	3.0 uR/hr	mR			
	11	5.1 uR/hr	mR			
	12	2.1 uR/hr	mR			
	13	uR/hr	mR			
	14	uR/hr	mR			
	Highest External Surface Exposure Rate Reading		52.1 uR/hr	Location Description	EXIT	
	All External Surface Exposure Rate Readings Are Less Than 500 uR/hr (0.5 mR/hr) IAW 21 CFR 1020.40				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
I "ADDITIONAL INFORMATION"	ADDITIONAL INFORMATION					
	Overall Condition of Cabinet X-Ray Unit		<input checked="" type="checkbox"/> SAT	<input type="checkbox"/> UNSAT *	* Describe UNSAT Condition	
	Condition of Lead Curtains		<input checked="" type="checkbox"/> SAT	<input type="checkbox"/> UNSAT *	* Describe UNSAT Condition	
	Other Comments, Recommendations, Corrections, or Problems Encountered					
	SURVEYOR'S NAME (Print: Last, First, Middle int.)		[REDACTED]			
	SURVEYOR'S SIGNATURE		[REDACTED]			
	DATE OF SURVEY AND INSPECTION		1/13/09			